



Client No. 2036	Client Name OH METELS	Location 1002 OSWEGO ST UTICA, NY	Date 11/28/86
Facility Equipment	Detax Clock	Weapon No.	Holster
			Nightstick
			Raincoat
			Flashlight
			Other

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift (Name) CHUFF	Officer—Swing Shift (Name) De Del Vecchio	Officer—Grave Shift (Name) C. COATES, EUGENE
	Shift Began 8:00 AM Ended 4:00 AM	Shift Began 4 AM Ended 12 AM	Shift Began 12 AM Ended 8 AM

Observations or actions taken	Day Shift			Swing Shift			Grave Shift		
	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	see remarks		<input checked="" type="checkbox"/>	SEE REMARKS
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Fire-smoke or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Visitors	<input checked="" type="checkbox"/>		SEE REMARKS	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Remarks **VISUAL CH - PERIMETER OF BLDG (EC) JOHN SAUPE CAME IN AT 12:00 P.M. (P)**
visually checks every hour, large hole on Oswego st. fence (P)

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1. chuff				1. De Del Vecchio				1. Eugene R Coates				
Signatures	2.				2.				2.				
Signatures	3.				3.				3.				

